

FILED

JUN 30 2021

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

Mark C. McCartt, Clerk
U.S. DISTRICT COURT

Sharelle M Wilson

Plaintiff(s)

21 CV - 269 TCK - JFJ

vs.

Case Number: _____

Tracey E Parsons Deborran Ludi Leitch

Defendant(s)

**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*
AND SUPPORTING AFFIDAVIT**

I hereby move for leave to: (please check)

☒ Commence this action without prepayment of fees and costs or giving security therefor.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

1. Are you or your spouse currently employed? Yes _____ No ☒

2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

Yourself:

Your Spouse:

Name and Address of Employer

Name and Address of Employer

N/A

Length of Employment

0 0
Years Months

Length of Employment

0 0
Years Months

Monthly Gross Pay \$ 0

Monthly Gross Pay \$ 0

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself 08/2016; spouse _____

Monthly gross pay during last month of employment \$ 2,240

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?	Average monthly amount during past 12 months for you and your spouse if applicable.	You		Spouse	
		You	Spouse	You	Spouse
Self-employment	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Retirement income from sources such as social security, private pensions, annuities, or insurance policies	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Disability payments such as social security, other state or federal government, or insurance payments	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Public assistance payments such as welfare payments	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Other sources of money (specify: <u>Donations</u>)	Y/N <u>Y</u>	\$ <u>Varies</u>	\$ _____	\$ _____	\$ _____
TOTAL		\$ _____	\$ _____	\$ _____	\$ _____

5. State the amount of cash you and your spouse have: \$ 5.00

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
<u>N/A</u>	<u>NONE</u>	\$ <u>0</u>	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

Home	Address: _____	Value: \$ <u>0</u>
	_____	Amount owed on mortgages and
	_____	liens: \$ <u>0</u>
Other real estate	Address: <u>u</u>	Value: \$ <u>0</u>
	_____	Amount owed on mortgages and
	_____	liens: \$ <u>0</u>
Motor vehicle make/	Model/Year: <u>NONE</u>	Value: \$ <u>0</u>
		Amount owed: \$ <u>0</u>
Motor vehicle make/	Model/Year: <u>NONE</u>	Value: \$ <u>0</u>
		Amount owed: \$ <u>0</u>
Other	Description: <u>NONE</u>	Value: \$ <u>0</u>
	_____	Amount owed: \$ <u>0</u>

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name (or, if under 18, initials only)	Relationship	Age	Does this person live with you?
<u>I.R.</u>	<u>SON</u>	<u>6</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>I.J.</u>	<u>SON</u>	<u>4</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____

9. Complete this question by estimating the average monthly expenses of you and your family.

Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ _____
Are real estate taxes included? Yes _____ No <u>✓</u>		
Is property insurance included? Yes _____ No <u>✓</u>		
Utilities: Electricity and heating fuel	\$ <u>0</u>	\$ _____
Water and sewer	\$ <u>0</u>	\$ _____
Telephone	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Home maintenance (Repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>400 mthly</u>	\$ _____
Clothing	\$ <u>30 mthly</u>	\$ _____
Laundry and dry cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____
Transportation (not including car payments)	\$ <u>0</u>	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc. <u>YMA</u>	\$ <u>30 mth</u>	\$ _____
Charitable contributions	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Auto	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ <u>0</u>	\$ _____
Credit Card: (name) _____	\$ <u>0</u>	\$ _____
Department Store: (name) _____	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____

Payments for support of additional dependents not living at your home

\$ 0 \$ _____

Regular expenses from operation of business, profession, or farm

(attach detailed statement)

\$ 0 \$ _____

Other _____

\$ 0 \$ _____

TOTAL MONTHLY EXPENSES

\$ 460 \$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four months?

Yes _____ No ☒

If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the

completion of this form? Yes _____ No ☒

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

NONE

12. Have you promised to pay or do you anticipate paying an attorney any money for services in

connection with this case, including the completion of this form? Yes _____ No ☒

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the attorney:

NONE

13. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person)

any money for services in connection with this case, including the completion of this form?

Yes _____ No ☒

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the person or service:

NONE

14. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a

paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No ☒ _____

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the person or service:

NONE

15. Please provide any other information that helps to explain why you are unable to pay the docket fees.

unemployed due to COVID 19

16. State the city and state of your legal residence: domicile

Tulsa, Oklahoma

Your daytime phone number:

(918) 521-8658

Your age: 33

Years of schooling: 16

Last 4 digits of your social security number: N/A

I declare under penalty of perjury that the above information is true and correct.

Date: 6/30/21

Signed: [Signature]

Print Name: Sharelle M Wilson
3171 S 129th E Ave #2090
Tulsa, Oklahoma 74134